401 7852202 : Info@hitepri.com
515 Elmwood Ave Providence RI 02907

Physical Form
HITEP
Health Examination
Required for Nurse Aid Course

To be completed by a Nurse:

Student Name: Zonia Aviles Program Code No: P2

Tuberculosis Negative two-step PPD required

#1. Date Administrated: ____ Date Read: _Results: ____

#2. Date Administrated: ____ Date Read: _Results: ____ OR

If an BAMT was processed or Chest x-ray was obtained, Date of Negative Results: 1/17/25 neg Result BAMT.

YES ☑ NO ☐

Vaccine-

MMR, 1/17/25 after

Varicella, 1/17/25 Vaccine

Tdap, 8/17/2020 Vaccine

Influenza, 11/17/25 Vaccine

Hepatitis B 1/17/25 after.

☑ **I certify that this applicant was examined and believe them to be free of communicable disease in a communicable state.**
Applicant is able to perform the duties of a nursing assistant.

Annual Physical-Applicant is free from any restriction or limitations.

Note: If any restrictions.

1/9/24 physical NO restrictions NO limitations

Nurse Coordinator Signature: [signature], RN

Date: 2/10/25